POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ohr	67814	5/27/0
O.I.P.E. CLASSIFIER		49	6/01/5)
FORMALITY REVIEW		[0411	8/74/10
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
=	Allowed	ı	Interference
_	(Through numeral) Canceled	Α	Appeal
	Restricted	0	Objected

÷ Restricted O Ubjected										
Claim	Date	Claim	Date	Claim	Date					
Final Original		Final Original		Final Original						
	<del></del>	51		101						
2		52		102						
3		53		103						
4		54		104						
5		55		105						
6		56		106						
7		57		107	<del>                                     </del>					
8		58	<del></del>	109						
9		60		110						
111	<del></del>	61	<del></del>	111	+ + + + + + + +					
12	<del></del>	62	<del>                                      </del>	112	<del>                                     </del>					
13	<del>-                                     </del>	63	<del>             </del>	113						
14		64	++++	114						
15	<del>-              </del>	65		115						
16		66		116						
17		67		117						
18		68		118						
19		69		119						
20		70		120						
21		71		121						
22		72		122						
23		73		123						
24		74		124	<del>                                     </del>					
25		75		125	<del>                                     </del>					
26		76		126	<del></del>					
27		77		127	╁╁┼┼┼┼					
28		78 79	<del></del>	129	<del>                                     </del>					
29		80		130	<del>                                     </del>					
30	<del>                                     </del>	81	<del>-                                     </del>	131	<del></del>					
32		82	<del>-   -   -   -   -  </del> -	132	<del>                                     </del>					
33	<del>                                     </del>	83		133	1 1 1 1 1 1 1					
34		84		134						
35	<del>                                     </del>	85		135						
36		86		136						
37		87		137						
38		88		138						
39		89		139	<u> </u>					
40		90		140	<del>                                     </del>					
41		91		141						
42		92		142						
43		93		143	<del>                                     </del>					
44		94		144						
45		95		145	<del>┤                                    </del>					
46		96		146	<del><del>╽</del>╶╏╌╏╌╏╌╏╌┼╌┼</del>					
47		97		147	<del>++</del>					
48		98	<del></del>	148	<del>┤╸┤╶┤╶┤╶┼╶</del> ┼					
49		99	<del></del>	149	<del>┤┤┤┤</del> ┼┼┼┼┼					
50		100		150	<del></del>					

If more than 150 claims or 10 actions staple additional sheet here